STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010416	A. BUILDING _____ B. WING _____	C 07/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARE BRIDGE OF CARMEL LLC	301 EXECUTIVE DR CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00109315. Complaint IN00109315 - Unsubstantiated due to lack of evidence. Survey date: July 25, 2012 Facility number: 010416 Provider number: 010416 AIM number: N/A Survey team: Christi Davidson, RN-TC Diana Zgonc, RN Lora Brettnacher, RN Census bed type: Residential: 56 Total: 56 Census payor type: Other: 56 Total: 56 Sample: 3 Clare Bridge of Carmel LLC was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00109315. Quality review completed 7/26/12 Cathy Emswiller RN	R 000		